

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

# Woods Creek Montessori

## 2010-2011 Enrollment Agreement

Meets all DSS requirements

2 Dold Place, Lexington, VA 24450  
 540-463-6461 woodscreekmontessori.org  
 Fax 540-463-5232

**Child's Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Age at time of enrollment:** \_\_\_\_\_ yrs/mo

**Mother**

**Father**

Name: _____	_____
Address: _____	_____
_____	_____
Home Phone: _____	_____
Cell Phone: _____	_____
Email: _____	_____
Employer: _____	_____
Occupation: _____	_____
Work Phone: _____	_____

**Maternal Grandparents**

**Paternal Grandparents**

Name: _____	_____
What your child calls them: _____	_____
Address: _____	_____
_____	_____
Home Phone: _____	_____
Email: _____	_____

Sibling Names and Ages: \_\_\_\_\_  
 Names of Others Living with Child: \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_  
 Household Pets and their names: \_\_\_\_\_

### EMERGENCY CONTACTS

The following individuals are permitted to pick-up the child and should be contacted if the parent(s) are unavailable:

1. Name: _____	2. Name: _____
Relationship to child: _____	Relationship to child: _____
Address: _____	Address: _____
_____	_____
Phone 1: _____	Phone 1: _____
Phone 2: _____	Phone 2: _____
Child's Physician: _____	Phone: _____ City/State: _____

**Persons not Permitted to Pick up your Child**

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

Health Conditions the school needs to be aware of: \_\_\_\_\_

**Known Allergies:** \_\_\_\_\_

Life - threatening? Yes \_\_\_\_\_ No \_\_\_\_\_      Epipen prescribed by physician? Yes \_\_\_\_\_ No \_\_\_\_\_

Precautions: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Special Needs: \_\_\_\_\_

## Enrollment Agreements

### School Policies Agreements

<b>Please Initial</b>	
	I have read the WCM Parent Handbook. I understand the practices, policies, and procedures of the school and I agree to abide by them.
	I understand that WCM is a cooperative school and I agree to fulfill my responsibilities as a member of the co-op.
	I understand the WCM drop-off and pick-up procedure and agree to follow them.

### Financial Agreements

<b>Please Initial</b>	
	I agree to pay the tuition to WCM to reserve a position for my child. All tuition and fees will be paid in accordance with the payment schedules and procedures established by the school.
	I understand that I have the obligation to pay all charges for the full academic semester unless special mutually agreement arrangements are made with the school.
	I understand that if WCM is unable to provide educational services to my child for any cause, the balance of pre-paid tuition shall be refunded. WCM shall not be held liable for any costs or expenses incurred as a result.

### Virginia Regulation Agreements

<b>Please Initial</b>	
	The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
	The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
	The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
	I agree to complete and submit all necessary enrollment forms to WCM. I understand that if these forms are not on record at WCM at least two weeks before my child's first day of school, his/her enrollment will be jeopardized. I will update all information as necessary.
	I agree not to hold the school, its employees, or Washington and Lee University liable in cases involving my child, and I will subscribe to the school's accident insurance.

<b>Parent Signature(s)</b>	<b>Date</b>
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*\*\* If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.*

**PERMISSIONS:**

**Picture Publishing Consent Agreement**

\_\_\_\_\_ Yes, Woods Creek Montessori has permission to include my child in photos used on their Web page, in their brochure, and for the local newspaper.

\_\_\_\_\_ No, Woods Creek Montessori does not have permission to include my child in photos used on their web page, in their brochure, and/or for the local newspaper

**Field Trip Consent Agreement**

\_\_\_\_\_ Yes, my child has permission to participate in walks and field trips away unless the school receives written notice from me to the contrary.

\_\_\_\_\_ No, my child does not have my permission to take walks and field trips away from the school grounds.

\_\_\_\_\_ Yes, my child has permission to be transported in a car or bus by a licensed and insured driver. I will provide a car seat for my child on these occasions.

\_\_\_\_\_ No, my child does not have my permission to be transported by car or bus driven by anyone other than me.

\_\_\_\_\_ Yes, I will be available to transport children on field trips. I will allow my current Drivers License and Insurance Information Card to kept on file at school

_____	_____	_____
<b>Parent/Guardian Signature</b>	<b>Print Name</b>	<b>Date</b>

_____	_____	_____
<b>Parent/Guardian Signature</b>	<b>Print Name</b>	<b>Date</b>

_____	_____
<b>Director</b>	<b>Date</b>

**OFFICE USE ONLY**  
**IDENTITY VERIFICATION**

Proof of identity is required please keep a copy and fill out the following.

**Place of Birth**

**Birth Date**

**Birth Certificate Number Date Issued**

**Other Form of Proof**

**Date Documentation Viewed Person Viewing Documentation**

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):

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*Date*

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

**032-05-252/11 (06/05)**